

Application Data Sheet

Application Information

Application number:: Applied for
Filing Date:: 02/25/02
Application Type:: Regular
Subject Matter:: Utility
Title:: DIAGNOSTICS AND THERAPEUTICS FOR
MACULAR DEGENERATION-RELATED
DISORDERS
Attorney Docket Number:: 020618-000920US
Request for Early Publication:: No
Request for Non-Publication:: No
Total Drawing Sheets:: -0-
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gregory
Middle Name:: S.
Family Name:: Hageman
Name Suffix::
City of Residence:: Coralville
State or Province of Residence:: IA
Country of Residence:: US
Street of Mailing Address:: 500 Auburn Hills Drive
City of Mailing Address:: Coralville

State or Province of mailing address:: IA
Country of mailing address::
Postal or Zip Code of mailing address:: 52241

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ropbert
Middle Name:: F.
Family Name:: Mullins
Name Suffix::
City of Residence:: Coralville
State or Province of Residence:: IA
Country of Residence:: US
Street of Mailing Address:: 2342 12 Street
City of Mailing Address:: Coralville
State or Province of mailing address:: IA
Country of mailing address::
Postal or Zip Code of mailing address:: 52241

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation:: Primary	Representative Number:: 37,505	Representative Name:: Joe Liebeschuetz
Associate	47,163	Hugh Wang

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a 09/845,745 is a 09/510,230	Continuation-In-Part	09/845,745	04/30/2001
	Continuation-In-Part	09/510,230	02/22/2000
	claims priority to	60/200,698	04/29/2000

Assignee Information

Assignee Name::	University of Iowa Research Foundation
Street of mailing address::	214 Technology Innovation Center
	Oakdale Research Campus
City of mailing address::	Iowa City
State or Province of mailing address::	IA
Country of mailing address::	US
Postal or Zip Code of mailing address::	52319